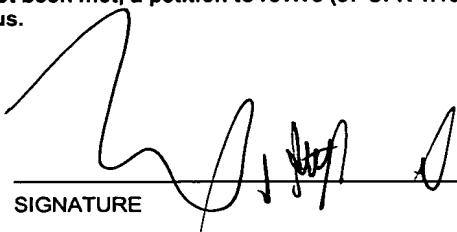
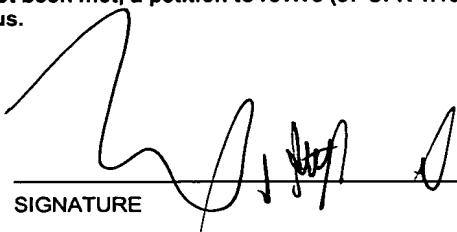
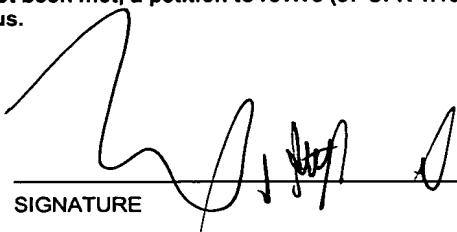


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|--|--|---|--|
| Substitute for Form<br>PTO-1390<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br><u>032487-010</u>                        |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR03/002151   |  | INTERNATIONAL FILING DATE<br>July 9, 2003               | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><u>10/520,521</u> |
| TITLE OF INVENTION   |  | PRIORITY DATE CLAIMED<br>July 9, 2002                   |  |
| <b>USE OF ASPARTIC PROTEASES IN COSMETICS AND THERAPEUTICS</b>   |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br><b>Dominique BERNARD and Bruno MEHUL</b>  |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |  |
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |   |  |
| <b>Items 11 to 21 below concern document(s) or information included:</b> <ol style="list-style-type: none"> <li>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: <u>Supplemental Application Data Sheet</u></li> </ol>   |  |   |  |

|   |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
|---|--|---|-------------------------|---------|---|--|--|--|--------------|-------|---|------------------|---------|--------------------|-------|---|-------------------|---------|---|--|-------------------|--|--|-----------------|--|--------------------------------|--|--|------------|--|--------------------------------|--|--|--|--|---------|--|--|-------------------------------|--|---------|--|--|--|--|----------------------------|--|--|--|--|---------|--|--|----------------------|--|---------|--|--|--|--|---------|--|--|-----------------------|--|---------|--|--|---|--|-------------------------|--|--|---|--|-----------|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--------|--|-------------------|--|--|------------------|--|------|--|--|
| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>10/520,521   | INTERNATIONAL APPLICATION NO.<br>PCT/FR03/002151 | ATTORNEY'S DOCKET NUMBER<br>032487-010  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| <p>21. <input type="checkbox"/> Applicant(s) requests that the published application include the following assignment information:</p> <hr/> <hr/> <hr/> <hr/> <hr/>  |  | <b>CALCULATIONS PTO USE ONLY</b>  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| <p>22. <input type="checkbox"/> The following fees are submitted:</p>   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Basic Filing Fee (1631)</td> <td style="width: 20%; text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">           CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$         </td> </tr> <tr> <td>Total Claims</td> <td style="text-align: right;">-20 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">x \$50.00 (1615)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">x \$200.00 (1614)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Examination Fee</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$200.00 (1633)      \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Search Fee</td> <td colspan="3" style="text-align: right; padding: 5px;">+ \$400.00 (1632)      \$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td colspan="3" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td colspan="3" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           +           <br/>           SUBTOTAL =           <br/>           \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td colspan="3" style="text-align: right; padding: 5px;">           \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">TOTAL NATIONAL FEE =</td> <td colspan="3" style="text-align: right; padding: 5px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +         </td> <td colspan="3" style="text-align: right; padding: 5px;">           \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">TOTAL FEES ENCLOSED =</td> <td colspan="3" style="text-align: right; padding: 5px;">           \$ 0.00         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           Amount to be refunded :         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           charged :         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.         </td> <td colspan="3" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">           d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.         </td> <td colspan="3" style="text-align: right; padding: 5px;"></td> </tr> <tr> <td colspan="5" style="padding: 10px;">           NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.         </td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 10px;"> <br/>           SIGNATURE<br/> <u>Norman H. Stepno</u><br/>           NAME         </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">           22,716         </td> <td colspan="3" style="text-align: right; padding: 5px;">           November 18, 2005         </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">           REGISTRATION NO.         </td> <td colspan="3" style="text-align: right; padding: 5px;">           DATE         </td> </tr> </table> | Basic Filing Fee (1631) | \$ 0.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). |  | CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$ |  | Total Claims | -20 = | 0 | x \$50.00 (1615) | \$ 0.00 | Independent Claims | - 3 = | 0 | x \$200.00 (1614) | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  | + \$360.00 (1616) |  |  | Examination Fee |  | + \$200.00 (1633)      \$ 0.00 |  |  | Search Fee |  | + \$400.00 (1632)      \$ 0.00 |  |  | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  | \$ 0.00 |  |  | TOTAL OF ABOVE CALCULATIONS = |  | \$ 0.00 |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  | +<br>SUBTOTAL =<br>\$ 0.00 |  |  | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  | \$ 0.00 |  |  | TOTAL NATIONAL FEE = |  | \$ 0.00 |  |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  | \$ 0.00 |  |  | TOTAL FEES ENCLOSED = |  | \$ 0.00 |  |  | a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. |  | Amount to be refunded : |  |  | b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. |  | charged : |  |  | c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |  |  |  | d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached. |  |  |  |  | NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. |  |  |  |  | <br>SIGNATURE<br><u>Norman H. Stepno</u><br>NAME |  |  |  |  | 22,716 |  | November 18, 2005 |  |  | REGISTRATION NO. |  | DATE |  |  |
| Basic Filing Fee (1631)   | \$ 0.00  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                 |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| CLAIMS      NUMBER FILED      NUMBER EXTRA      RATE      \$  |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Total Claims  | -20 =  | 0   | x \$50.00 (1615)        | \$ 0.00 |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Independent Claims  | - 3 =  | 0   | x \$200.00 (1614)       | \$ 0.00 |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |  | + \$360.00 (1616)   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Examination Fee   |  | + \$200.00 (1633)      \$ 0.00  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Search Fee  |  | + \$400.00 (1632)      \$ 0.00  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| TOTAL OF ABOVE CALCULATIONS =   |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |  | +<br>SUBTOTAL =<br>\$ 0.00  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                            |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| TOTAL NATIONAL FEE =  |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +  |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| TOTAL FEES ENCLOSED =   |  | \$ 0.00   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.   |  | Amount to be refunded :   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.   |  | charged :   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed. |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.   |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                       |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| <br>SIGNATURE<br><u>Norman H. Stepno</u><br>NAME  |  |   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| 22,716  |  | November 18, 2005   |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |
| REGISTRATION NO.  |  | DATE  |                         |         |   |  |  |  |              |       |   |                  |         |                    |       |   |                   |         |   |  |                   |  |  |                 |  |                                |  |  |            |  |                                |  |  |  |  |         |  |  |                               |  |         |  |  |  |  |                            |  |  |  |  |         |  |  |                      |  |         |  |  |  |  |         |  |  |                       |  |         |  |  |   |  |                         |  |  |   |  |           |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |        |  |                   |  |  |                  |  |      |  |  |